

Abuse Assessment Screen

1. WITHIN THE LAST YEAR, have you been hit, slapped, kicked or otherwise physically hurt by someone? YES NO

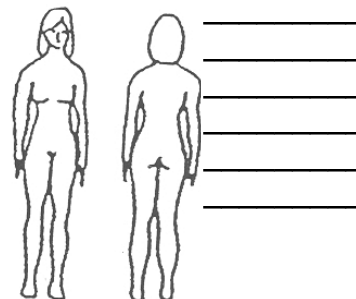
If YES, by whom? _____
 Total number of times _____

2. SINCE YOU'VE BEEN PREGNANT, have you been hit, slapped, kicked, or otherwise physically hurt by someone? YES NO

If YES, by whom? _____
 Total number of times _____

MARK THE AREA OF INJURY ON THE BODY MAP. SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE: SCORE

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing; no injuries and/or continuing pain
- 3 = Punching, kicking, bruises, cuts and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon



If any of the descriptions for the higher numbers apply, use the higher number.

3. WITHIN THE LAST YEAR, has any forced you to have sexual activities? YES NO

If YES, by whom? _____
 Total number of times? _____

4. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO

If YES, by whom? _____
 Number of times? _____

5. Are you afraid of your partner or anyone listed above YES NO

Source: Developed by the Nursing Research Consortium on Violence and Abuse

